STATE MEDICAID DUR BOARD MEETING
THURSDAY, September 14, 2006
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present:
Lowry Bushnell, M.D.
Derek Christensen, R.Ph.
Dominic DeRose, R.Ph.
Don Hawley, D.D.S.
Brad Hare, M.D.
Wilhlem T. Lehmann, M.D.
Karen Gunning, Pharm D.
Jeff Jones, R.Ph.

Board Members Excused:
Charles Arena, M.D.
Joseph K. Miner, M.D.
Bradley Pace, PA-C
Colin VanOrman, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:
Rae Dell Ashley, R.Ph.
Tim Morley, R.Ph.
Jennifer Zeleny, CPhT.
Suzanne Allgaier, R.N.
Merelynn Berrett, R.N.
Richard Sorenson, R.N.

Other Individuals Present:
Craig Boody, Lilly
Dyan Alexander, Astra Zeneca
Candi Arce-Larreta, Pfizer
Tim Clark, Amgen
Alan Bailey, Pfizer
Mark Balk, Pfizer
Johanna Nelson, Lilly
Fran Gaulter, Astra Zeneca
Cap Ferry, LEC
Pierre Thoumsin, Amgen
Joseph Yau, Valley Mental Health
Mark Pasos, Santarus
D. Shawn Prince, Elan
Corbett Carver, Pfizer
Joe Busby, Lilly
Reed -?, Wyeth

Meeting conducted by: Lowry Bushnell

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1. Minutes for July 13 were reviewed, corrected, and approved.

2. Housekeeping:

3. Procrit / Erythropoetins – Tim Morley, R.Ph., addressed the board with requests for two specific new uses for this class of drugs. Recently, several physicians in the community have been asking Medicaid to provide coverage for this class of drugs to increase the

hematocrit level in pediatric patients undergoing surgery for craniosysnostosis and for patients with Hepatitis C who are neutropenic as a result of Ribavirin therapy.

Craniosysnostosis surgery is typically associated with the loss of large volumes of blood, and patients typically require perioperative transfusions. The surgeon prefers to provide the patients with procrit in order to reduce the need for transfusion. Despite the administration of procrit, patients may need transfusions during surgery. The board decided that other modalities of therapy, such as the use of cell saver or transfusion, are more cost-effective and address the issue of perioperative blood loss more immediately than procrit. The board denied coverage of procrit for this indication.

Ribavirin, a standard treatment for Hepatitis C, is associated with neutropenia. The manufacturer of Ribavirin states that the only way to prevent or reverse this side-effect is to reduce the dose of Ribavirin or discontinue therapy altogether. This recommendation is not advantageous in many cases, as reduction or discontinuation of therapy may lead to disease progression. Medicaid currently provides coverage for transfusions for patients that become neutropenic as a result of Ribavirin therapy. Transfusion-related adverse events are extremely rare, and transfusions are significantly more cost-effective than Procrit. The board did acknowledge that patients will occasionally need Procrit because they are medically unable to tolerate a transfusion. The DUR board requests that physicians who have such patients provide documentation of medical necessity of Procrit instead of transfusion. These cases will be reviewed on a case-by-case basis, and Procrit will be provided when it is medically necessary and appropriate.

4. Strattera – Johanna Nelson, PharmD., Outcomes Liason with the Lilly Medical Department, addressed the board. Strattera is indicated for monotherapy in the treatment of Attention Deficit and Hyperactivity Disorder [ADHD] in children over the age of 6 and adults. When Strattera was introduced to the market, the board adopted Strattera as monotherapy for ADHD; however this policy has not been enforced. Utah Medicaid currently has approximately 640 of 8,000 ADHD clients receiving Strattera concomitantly with a stimulant. The Utah medical community seems to have adopted the concomitant use of Strattera and traditional stimulants as a standard of care, and anecdotal evidence suggests that this combination is working well. Sometimes, the physician will withdraw the stimulant after Strattera therapy has been initiated. Figures on how often this type of transitional concomitant therapy occurs are not available. Dr. Nelson stated that Strattera has not been used concomitantly with stimulants in any randomized clinical trials, and that Strattera only has an FDA approved labeling for monotherapy. A 2004 of case study is available in medical literature supporting the concomitant use of stimulants in difficult to treat cases. The study emphasizes the need for careful monitoring of patients receiving dual therapy. Dr. Nelson acknowledges that the available case study does not provide a sufficient scientific basis for recommending concomitant use of Strattera and stimulants. She also stated that there is no indication that combining Strattera with a stimulant in this situation is unsafe. The board asked Joseph K. Yau, MD, a child psychiatrist and the Director of Valley Mental Health, if enforcing the policy of Strattera as standalone therapy would place an unreasonable burden on the psychiatric community. Dr Yau discussed the need for dual therapy in a subpopulation of children who exhibit symptoms

of ADHD and early signs of a comorbid psychiatric disorder. Because of the prevalence of comorbid psychiatric disorders in children with ADHD and because the early stages of many psychiatric disorders in children can be mistaken for ADHD, Dr. Yau stated that he feels it is reasonable for Medicaid to request treatment history before approving dual therapy for Medicaid clients. Dr. Yau and members of the board did not, however, feel that it would be reasonable for Medicaid to completely cease payment for dual therapy. The board decided to consider prior approval criteria for dual therapy at a future date and asked Dr. Yau to propose detailed criteria for concomitant use at a future meeting.

5. Chantix – RaeDell Ashley discussed the role of Medicaid in covering this new drug. Chantix is indicated for smoking-cessation, which is funded on Medicaid on a limited basis with tobacco settlement money. Ms. Ashley discussed the high cost of Chantix in comparison with other smoking-cessation products and the possible side-effects of Chantix, which may result in patient noncompliance. The administrators of Medicaid's smoking cessation program have stated that they will reimburse Medicaid Pharmacy Services for Chantix, as long as funds continue to be available. Karen Gunning, PharmD., pointed out that Chantix is indicated for use over a 24-week period. Before voting on coverage for Chantix, several members of the board asked about coverage of nicotine replacement therapy. Medicaid Pharmacy Services agreed to verify that NRT is available for coverage, and provide pharmacists with a list of covered NRT products upon request. The board decided to provide coverage for a lifetime maximum of 24 weeks.

6. PPI's criteria review – The board reviewed the current restrictions in place for the coverage of proton pump inhibitors. It was decided that the current restrictions are reasonable, and that no changes would be made to the policy at this time.

Next meeting set for October 12, 2006.

Meeting adjourned.

The DUR Board Prior Approval Sub-committee convened and considered 9 petitions. Drug histories were for 12 months unless otherwise noted.